

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MODIFIED RELEASE FORMULATIONS CONTAINING A HYPNOTIC AGENT

the specification of which:

is attached hereto.

OR

was filed on April 13, 2001 as United States Application No., or PCT International Application No., 09/833,662 and was amended on _____ (if applicable).

I hereby declare that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Filing Date (Month/Day/Year)	Priority Not Claimed
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

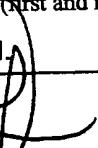
Provisional Application Number(s)	Filing Date (Month/Day/Year)
60/196,939	April 13, 2000
_____	_____
_____	_____
_____	_____
_____	_____

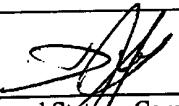
I hereby claim the benefit under 35 U.S.C. § 120 of any United States applications(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

Application Number(s)	Filing Date (Month/Day/Year)	Status (patented, abandoned, pending)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

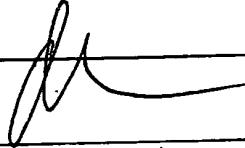
I hereby appoint the attorney(s) and/or agent(s) associated with Customer Number 28125 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number 28125.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements have been made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	
Given Name (first and middle name, if any) Jacobus M.	Family Name/Surname LEMMENS
Signature 	Date (of signature) 23-08-2001
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Signature	Date (of signature)
Residence (City and State or Country)	Citizenship
Mailing Address	

NAME OF SIXTH INVENTOR:	
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Signature	Date (of signature)
Residence (City and State or Country)	Citizenship
Mailing Address	

Additional inventors are being named on attached Supplemental Inventors sheet.